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FAX TRANSMITTAL SHEET

April 5, 2006

TO: Mail Stop AF	Company:	U.S. Patent and Trademark Office
Fax #: (571) 273-8000	City/State:	Alexandria, VA
Tel. #:	Application No.	10/673,913
FROM: William O. Isaacs, II	Our Ref. #:	10286.105001

NUMBER OF PAGES (including transmittal sheet): 11

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Notes/Comments:

Documents submitted via facsimile:

Fax Transmittal Sheet, Amendment Transmittal and Duplicate (2 pages), and Second Request for Reconsideration (8 pages)

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of: Werner Hiereth et al.) Art Unit: 3739
 Application No.: 10/673,913) Examiner: David M. Shay
 Filed: September 29, 2003) Atty Docket No: 10286.105001
 For: Laser With Intelligent)
 Therapeutic Fiber)

APR 05 2006

AMENDMENT TRANSMITTAL

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

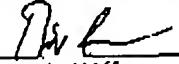
Transmitted herewith are papers in the above-identified application.

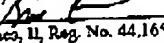
Second Request for Reconsideration.
 An additional claims fee is not required.
 The additional claims fee is calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		LARGE ENTITY	
				RATE	ADDT. FEE	RATE	ADDT. FEE
TOTAL	5	MINUS	36 =	0	x25 \$	x50	\$0
INDEP.	1	MINUS	4 =	0	x100 \$	x200	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				11	+180 \$	+360	\$0
				TOTAL ADDITIONAL FEE	\$0		\$0

A check in the amount of \$____ is attached.
 The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.16, or to credit any overpayment, to Deposit Account No. 11-0980. A duplicate of this sheet is enclosed.

I hereby certify that this correspondence is being communicated electronically via facsimile transmission (311-273-8000) to:
 Mail Stop AF, Commissioner for Patents,
 P.O. Box 1450, Alexandria, VA 22313-1450, on
 April 5, 2006.


 William O. Isaacs, II, Reg. No. 44,165

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DUPLICATE

PATENT'S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AMENDMENT TRANSMITTAL

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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS			+180	\$	+360	\$0
			TOTAL ADDITIONAL FEE		\$0		\$0

A check in the amount of \$____ is attached
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Therapeutic Fiber)

SECOND REQUEST FOR RECONSIDERATION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the final Office Action mailed December 29, 2005 and the Advisory Action mailed March 17, 2006, Applicants request reconsideration and allowance of the pending claims in view of the response provided below.

I hereby certify that this correspondence is being communicated electronically via facsimile transmission (571-273-8000) to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 5, 2006.



William O. Isaac, II, Reg. No. 44,165

PAGE 4/11 * RCVD AT 4/5/2006 3:23:57 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/18 * DNIS:2738000 * CSID:404 572 5134 * DURATION (mm:ss):05:50

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